

Cómo presentar una declaración de disposición para proceder

Presente una declaración de disposición para proceder (*declaration of readiness to proceed - DOR*) para solicitar una conferencia en su oficina local de la Junta de Apelaciones de Compensación para Trabajadores (*Workers' Compensation Appeals Board - WCAB*).

Se concertará una conferencia únicamente si usted presentó una solicitud para adjudicación del reclamo y se le ha asignado un número de caso de la *WCAB*. Si usted no tiene un número de caso de la *WCAB*, también necesitará presentar una solicitud para adjudicación del reclamo, la cual abre un caso con la *WCAB* para usted (vea la guía 4 de *I&A*).

Complete el formulario siguiendo el ejemplo adjunto. Proporcione la información específica solicitada acerca de cómo ha intentado usted resolver los desacuerdos. Asegúrese de firmar y fechar el formulario.

Cuando usted presente la *DOR*, también deberá presentar todos los informes y expedientes médicos relevantes así como todas las cartas de la compañía de seguros acerca de lo que está en disputa.

Envíe los originales a su oficina local de la *WCAB* y copias a todas las partes. Guarde una copia para sus archivos. La *WCAB* evaluará la *DOR*. A todas las partes se les notificará por correo cuando se concierte una conferencia.

Si usted necesita ayuda, llame a una oficina de Información y Asistencia (*I&A*) o asista a un taller para trabajadores lesionados. Los números telefónicos de las oficinas locales de *I&A* se enumeran en el reverso de esta guía. Usted puede obtener información sobre un taller local de la oficina de *I&A* o en la Internet en www.dir.ca.gov/dwc.

La información contenida en esta guía es de índole general y no pretende substituir asesoramiento legal. Los cambios en la ley o los datos específicos de su caso podrían resultar en interpretaciones legales distintas de las que aquí se presentan.

DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES

ANAHEIM, 92801-1162

1661 N. Raymond Ave., Suite 202
Information & Assistance Unit **(714) 738-4038**

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100
Information & Assistance Unit **(661) 395-2514**

EUREKA, 95501-0481

100 "H" Street, Suite 202
Information & Assistance Unit **(707) 441-5723**

FRESNO, 93721-2280

2550 Mariposa Street, Suite 4078
Information & Assistance Unit **(559) 445-5355**

GOLETA, 93117-3018

6755 Hollister Avenue, Suite 100
Information & Assistance Unit **(805) 968-4158**

GROVER BEACH, 93433-2261

1562 W. Grand Avenue
Information & Assistance Unit **(805) 481-3380**

LONG BEACH, 90802-4339

300 Oceangate Streets, Suite 200
Information & Assistance Unit **(562) 590-5240**

LOS ANGELES, 90013-1105

320 West 4th Street, 9th Floor
Information & Assistance Unit **(213) 576-7389**

MARINA DEL REY, CA 90292

4720 Lincoln Blvd. 2nd floor
Information & Assistance Unit **(310) 482-3858**

OAKLAND, 94612-1402

1515 Clay Street, 6th Floor
Information & Assistance Unit **(510) 622-2861**

OXNARD, 93030

2220 East Gonzales Road, Suite 100
Information & Assistance Unit **(805) 485-3528**

POMONA, 91766-1601

732 Corporate Center Drive
Information & Assistance Unit **(909) 623-8568**

REDDING, 96001-2796

2115 Civic Center Drive, Suite 15
Information & Assistance Unit **(530) 225-2047**

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300
Information & Assistance Unit **(951) 782-4347**

SACRAMENTO, 95825-2403

2424 Arden Way, Suite 230
Information & Assistance Unit **(916) 263-2741**

SALINAS, 93906-2204

1880 North Main Street, Suites 100 & 200
Information & Assistance **(831) 443-3058**

SAN BERNARDINO, 92401-1411

464 West Fourth Street, Suite 239
Information & Assistance Unit **(909) 383-4522**

SAN DIEGO, 92108

7575 Metropolitan Drive, Suite 202
Information & Assistance Unit **(619) 767-2170**

SAN FRANCISCO, 94102-7002

455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit **(415) 703-5020**

SAN JOSE, 95113-1482

100 Paseo de San Antonio, Suite 241
Information & Assistance Unit **(408) 277-1292**

SANTA ANA, 92701-4070

28 Civic Center Plaza, Suite 451
Information & Assistance Unit **(714) 558-4597**

SANTA ROSA, 95404-4760

50 "D" Streets, Suite 420
Information & Assistance Unit **(707) 576-2452**

STOCKTON, 94202

31 East Channel Street, Suite 344
Information & Assistance Unit **(209) 948-7980**

VAN NUYS, 91401-3373

6150 Van Nuys Blvd., Suite 105
Information & Assistance Unit **(818) 901-5374**

EJEMPLO

STATE OF CALIFORNIA WORKERS' COMPENSATION APPEALS BOARD

Su nombre

Applicant

vs.

Nombre del empleador y
Nombre de la compañía de seguros

Defendants

Case No. Número de caso

DECLARATION OF READINESS TO PROCEED

NOTICE: Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within **ten (10) days** after service of the Declaration. (Rule 10416)

The ☒ Employee or Applicant
☐ Defendant
☐ Lien Claimant

requests that this case be set for hearing at Oficina de la WCAB donde quiere tener la audiencia
(Place)

and Declarant states under penalty of perjury that he or she is presently ready to proceed to hearing on the issues below and has made the following efforts to resolve these issues: Declare los esfuerzos que ha hecho para resolver el problema

Indique la clase de audiencia que quiere pedir

Declarant requests: ☐ Mandatory Settlement Conference ☐ Status Conference ☐ Rating MSC* ☐ Priority Conference (L.C. §5502(c))

At the present time the principal issues are: Indique lo que está en disputa

☐ Compensation Rate
☐ Temporary Disability
☐ Permanent Disability
☐ Other _____

☐ Rehabilitation
☐ Self-procured Treatment
☐ Future Medical Treatment

Declarant relies on the report(s) of Doctor(s) Nombre del médico que escribió el informe que está usando para respaldar su argumento dated Fecha del informe médico

Unless a status or priority conference is requested, I have completed discovery on the issues listed above, and all medical reports in my possession or control have been filed and served as required by WCAB Rules of Practice and Procedure.

Copies of this Declaration have been served this date as shown below.

Declarant's Signature Su firma

Name and Law Firm (Print or Type) Escriba su nombre en letra de molde

Address Su domicilio Phone Su número de teléfono

Date Fecha de hoy

SERVICE

Names and addresses of parties, including law firms and representatives, and lien claimants served with a copy of this Declaration.

1. WCAB

2. Compañía de seguros

3. Abogado de la ompañía de seguros

*For a Rating MSC, all ratable medical reports, including treating physician, QME and AME reports, must be filed with this Declaration of Readiness, unless they have been previously filed. A Rating MSC will be set only where the issues are limited to permanent disability and the need for future medical treatment.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

vs.

Applicant

Defendants

NOTICE: Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within **ten (10) days** after service of the Declaration. (Rule 10416)

The ☐ Employee or Applicant
 ☐ Defendant
 ☐ Lien Claimant

requests that this case be set for hearing at _____
(Place)

and Declarant states under penalty of perjury that he or she is presently ready to proceed to hearing on the issues below and has made the following efforts to resolve these issues: _____

Declarant requests: ☐ Mandatory Settlement Conference ☐ Status Conference ☐ Rating MSC* ☐ Priority Conference
(L.C. §5502(c))

At the present time the principal issues are:

☐ Compensation Rate
☐ Temporary Disability
☐ Permanent Disability
☐ Other _____

- ☐ Rehabilitation
- ☐ Self-procured Treatment
- ☐ Future Medical Treatment

Declarant relies on the report(s) of Doctor(s) _____ dated _____

Unless a status or priority conference is requested, I have completed discovery on the issues listed above, and all medical reports in my possession or control have been filed and served as required by WCAB Rules of Practice and Procedure.

Copies of this Declaration have been served this date as shown below.

Declarant's Signature _____

Name and Law Firm (Print or Type) _____

Address _____ Phone _____

Date _____

SERVICE

Names and addresses of parties, including law firms and representatives, and lien claimants served with a copy of this Declaration.

*For a Rating MSC, all ratable medical reports, including treating physician, QME and AME reports, must be filed with this Declaration of Readiness, unless they have been previously filed. A Rating MSC will be set only where the issues are limited to permanent disability and the need for future medical treatment.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

INSTRUCTIONS

1. This Declaration must be completed and filed before any case will be set for hearing at the request of any party.

A party may request a mandatory settlement conference hearing, status conference hearing, rating mandatory settlement conference hearing, or a priority conference hearing.

A **mandatory settlement conference** is held to assist the parties in resolving the dispute. If the dispute cannot be resolved at that time, the parties should be ready to frame issues, record stipulations, list exhibits, and list the witnesses who will testify at trial. A trial is set only at the discretion of the judge and is set for the purpose of receiving evidence.

A **rating mandatory settlement conference** is a mandatory settlement conference but ratings of the medical reports will be available at the time of the conference.

A **status conference** is not a mandatory settlement conference but a proceeding for which judicial attention is required. It can include, but is not limited to, a lien conference or conference in a complicated case in which discovery is not complete and the parties need the judge's guidance.

A **priority conference** is a conference held under Labor Code section 5502(c) in which the injured worker is represented by an attorney and the issues include employment and/or injury arising out of and in the course of employment.

2. Unless notified otherwise, no witness other than the applicant need attend **conference** hearings. **Claims adjusters and lien claimants must be present or available by telephone.**
3. The party requiring an interpreter must arrange for the presence of an interpreter, except that the defendant(s) must arrange for the presence of the interpreter if the injured worker is not represented by an attorney.
4. Continuances are not favored and none will be granted after the filing of this Declaration without a clear and timely showing of good cause.
5. The Workers' Compensation Appeals Board favors the presentation of medical evidence in the form of written reports.
6. The Board, upon the receipt of the Declaration of Readiness, may set the case for a type of proceeding other than the one requested (Rule 10417).